

AIR FORCE ACADEMY ATHLETIC ASSOCIATION EVENT/ACTIVITY USAGE REQUEST			DATE OF REQUEST
INSTRUCTIONS: Complete all appropriate information and submit to Department of Athletics, 2169 Field House Drive, ATTN: HQ USAFA / AHSU Events Management, USAFA, CO 80840, at least 60 days prior to event. Enter N/A if question does not apply. Proof of insurance is required. Additionally, a non-profit letter or number should accompany this request as confirmation for non-profit status (Tax Exempt Form).			
TYPE OF ORGANIZATION:		<input type="checkbox"/> PROFIT	<input type="checkbox"/> NON-PROFIT
1. REQUESTING ORGANIZATION			
a. DATE OF EVENT			
b. REQUESTING ORGANIZATION / COMPANY			
c. STREET ADDRESS			
d. CITY, STATE, AND ZIP CODE			
e. PHONE NUMBER			
f. NAME AND TITLE <i>(Authorized individual signing licensing agreement)</i>			
g. FAX NUMBER			
h. E-MAIL ADDRESS			
2. EVENT DESCRIPTION AND DETAILS			
a. TOTAL NUMBER OF HOURS			
b. TOTAL NUMBER OF DAYS			
c. PERIOD OF USE OF FACILITY			
d. FACILITY NUMBER OR AREA			
e. PURPOSE OF EVENT			
f. NUMBER OF PEOPLE PARTICIPATING / ATTENDING			
3. SUPPORT REQUESTED			
TYPE			SPECIFIC NEEDS
a. JANITORIAL		YES	
		NO	
b. SECURITY		YES	
		NO	
c. SET UP		YES	
		NO	
d. PARKING		YES	
		NO	
e. COMMUNICATIONS/ANNOUNCER		YES	
		NO	
f. SCORER		YES	
		NO	
g. OFFICIALS		YES	
		NO	
h. OTHER <i>(Concessions, ticket takers, hospitality suite, etc.)</i>		YES	
		NO	

